

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-030425

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

7749

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

1

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13

86

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION

Length of stay in 1b

49 Years

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo

b. COUNTY

St. Louis

c. CITY

OR TOWN

University City

d. STREET ADDRESS

7043 Pershing Ave

Inside Limits

Yes ☒ No ☐

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

Lawrence

Middle

Barrett

Last

Reese, Sr

4. DATE OF DEATH

Month

July

Day

27

Year

1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐

Widowed ☒ Divorced ☐

8. DATE OF BIRTH

7/22/1880

9. AGE (last birthday)

83

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Electrician

10b. KIND OF BUSINESS OR INDUSTRY

Co. Elec. Inspector

11. BIRTHPLACE (City and state or country)

Evansville, Indiana

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Dr. David F. Reese

13b. MOTHER'S MAIDEN NAME

Emma Goode

14. NAME OF HUSBAND OR WIFE

Martha S. Reese

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown)

No

(If yes, give war or dates of service)

None

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Lawrence B. Reese, Jr 22 Chapel Hills

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Branchiopneumonia

INTERVAL BETWEEN ONSET AND DEATH

2-3 days

DUE TO (b)

Cerebral Thrombosis

few weeks

DUE TO (c)

Generalized Arterio Sclerosis

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal

disease condition given in PART I (a)

332x

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐

NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

July 19, 1963

to July 27, 1963

and last saw him alive on

July 26, 1963

Death occurred at

8:15

a.

m

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

A. F. Montgomery M.D.

22b. ADDRESS

1105. Central Ave. St. Louis, Mo.

22c. DATE SIGNED

7/27/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

7/29/63

23c. NAME OF CEMETERY OR CREMATORY

Bellefontaine Cemetery

23d. LOCATION (City, town, or county)

St. Louis, Missouri

24. FUNERAL DIRECTOR

ADDRESS

Alexander & Sons 6175 Delmar Blvd

25. DATE RECD. BY LOCAL REG.

JUL 29 1963

26. REGISTRAR'S SIGNATURE

Loan Smith, M.D.

Dr. Austin F. Montgomery

110 S.O. Central

Pa. 1-5511

Until 2:30 P.M. Sat.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*J. Allen Darrin*

Licensed Embalmer No. 4053

P. O. Address July 27-

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.